

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City *St. Louis Mo.*

(No. 4407)

Beethoven

St.

Ward)

2. FULL NAME

Margaret Archambault

(a) Residence, No. *4407 Beethoven*

St. *15* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Archib Archambault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 5 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min

69

7

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Widow

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Belleville Ill.

FATHER

13. NAME

John Bingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

German

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Mrs. Elizabeth Dehn 4407 Beethoven

18. BURIAL, CREMATION, OR REMOVAL

PLACE *New Pickers Cem.* DATE *July 18 1934*

19. UNDERTAKER (ADDRESS)

Wieschmayer Mortuaries 4228 S. Kingshighway Blvd

20. FILED

17 1934

J. E. Dehn

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 11 1934 to July 11 1934

I last saw him alive on

July 11 1934

to have occurred on the date stated above, at *6:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

935

77

730

Other contributory causes of importance

Chronic Sclerosis

Name of operation

Chloroform

What test confirmed diagnosis

Chloroform

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No.*

(Signed)

Joseph L. Ferris

(Address)

4209 Virginia Ave.

Handwritten text, mostly illegible due to extreme blurriness and noise. The text appears to be a list or series of entries, possibly names or dates, written in cursive or a similar script. Some legible fragments include "18", "19", and "20" at the top left, suggesting a date or list format. The rest of the page is covered in dense, noisy characters that cannot be accurately transcribed.